STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265522	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Health Care & Rehabilitation Center	1450 Ashley Road Boonville, MO 65233

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to review and revise the comprehensive care plan for two residents (Resident #1 and #2) out of three sampled residents care plans who sustained falls. The facility census was 42. 1. Review of the facility's Care Plans, Comprehensive Person-Centered policy, dated 03/2022, showed assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Review of the facility's Falls policy, undated, showed falls can often be an indicator of an impending decline. Each fall must be followed up with and updated in the plan of care with new interventions. 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 03/24/25, showed staff assessed the resident as severely cognitively impaired and one non-injury fall since admission. Review of the facility's Registered Nurse (RN) Investigation Report, dated 03/23/25, showed staff documented the found sitting on the bathroom floor. The resident said he/she lowered himself/herself to the floor due to weakness. Review of the resident's care plan, dated 02/21/25, showed staff did not document a new intervention after the fall on 03/23/25. During an interview on 05/01/25 at 2:43 P.M., the MDS Coordinator said if a resident lowered himself/herself on to the floor, it would be considered a fall, since it was a change in plane. He/She said the Interdisciplinary Team (IDT) implemented the use of a call light, after the resident's fall on 03/23/25, but he/she did not realize the intervention was already in place effective 11/20/24. During an interview on 05/01/25 at 2:53 P.M., the Director of Nursing (DON) said if a resident was lowered to the floor, it would be considered a fall. He/She said he/she did not know a new intervention was not added to the resident's care plan after the fall on 03/23/25. He/She said he/she was responsible to ensure the interventions were added in the care plan, but he/she said he/she overlooked verifying the information was added. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265522	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Health Care & Rehabilitation Center	1450 Ashley Road Boonville, MO 65233

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of Resident #2's annual MDS, dated [DATE], showed staff assessed the resident as moderately cognitively impaired and did not contain documentation of a fall since admission. Review of the facility's RN Investigation Report,, dated 03/24/25, showed staff documented the resident slid off the edge of the bed onto his/her buttocks. Review of the resident's care plan, dated 09/26/24, showed staff did not document a new intervention after the resident fell on [DATE]. During an interview on 05/01/25 at 2:43 P.M., the MDS Coordinator said he/she did not have any documentation of a fall for the resident, so he/she did not know a new intervention should be implemented. During an interview on 05/01/25 at 2:53 P.M., the DON said he/she did not know new a intervention was not added to the resident's care plan. He/She said he/she was responsible to ensure the interventions were added in the care plan, but he/she said he/she overlooked verifying the information was added. 4. During an interview on 05/01/25 at 2:43 P.M., the MDS Coordinator said the IDT team discuss new interventions after each fall. He/She said he/she was responsible to update the resident care plan with new interventions after each fall. He/She said he/she took notes during the IDT meeting and kept it in a notebook, which he/she referred back to in order to ensure interventions were added to the resident's care plan. During an interview on 05/01/25 at 2:53 P.M., the DON said he/she worked with the administrator and the MDS Coordinator to determine new interventions after each fall. He/She said the new interventions would be documented in the resident's care plan. He/She said he/she was responsible to ensure the interventions were added in the care plan, but he/she said he/she overlooked verifying the information was added. MO00253473